LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria

Ballarat — 18 November 2013

Members

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Committee Administrative Officer: Mr J. Elder

Witnesses

Ms Robyn Reeves, Chief Executive Officer, Ballarat Community Health Centre.

Ms Claire Ryan, Alcohol and Other Drugs Services Team Leader, Ballarat Community Health Centre.

The CHAIR — Thank you, Robyn and thank you, Claire, for coming and presenting at this committee hearing this afternoon. This, as you know, is a joint parliamentary committee of the parliament—Law Reform, Drugs and Crime Prevention—and we have the task to inquire into the supply and use of methamphetamines, particularly ice, in Victoria and report back to the parliament of Victoria next August.

We thank you for attending this public hearing in Ballarat this afternoon. I understand, Robyn, you are the CEO and, Claire, you are the alcohol and other drug services team leader of the Ballarat Community Health Centre, and you have provided a document in relation to the sort of verbal submission you are giving, and some answers to questions that we posed, I think, through the executive officer Sandy Cook.

Just before I ask you to make a verbal submission, I will read you the conditions under which you are doing so this afternoon, and I again welcome you to this committee of Law Reform, Drugs and Crime Prevention. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. However, it is important that you note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees? I note the nod.

It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of parliament. We are recording the evidence and will provide a proof version of the Hansard transcript at the earliest opportunity so you can correct it as appropriate. Who is going to lead? Claire or Robyn?

Ms REEVES — I will.

The CHAIR — Just before you do, Robyn, can I also thank you for the written submission that you have provided to this committee beforehand as well. We appreciated that. So thank you, Robyn. We have allotted till 2.45. We are running a little bit late, but hopefully we will be able to get through both your submission and the questions we wish to ask you in that time. Thank you.

Ms REEVES — Thank you. Thank you for the opportunity to address the inquiry this afternoon. We were directed to focus on a couple of areas that are relevant to the work of Ballarat Community Health and so we have done that and I have provided basically some dot points that will summarise what we will say so that you have got that there.

The first question we were asked to address was if ice use has become more serious or prevalent among the clients we work with. In short, the answer to that is yes, particularly over the past couple of years. I heard Stuart say before that if people were not using ice, they might be using something else instead most probably, and that is certainly the experience of our alcohol and other drug counsellors. More people are talking about ice and there is certainly some concern about the way it is hyped in the media; that can create a great deal of alarm, particularly among parents of young people. That is not necessarily helpful. Violence and aggression have been referred to a lot in the media as side effects of ice and, whilst we are aware that in the emergency department and police experience, that may well be the case, that is not necessarily what we are seeing in clients presenting to our service.

The clients presenting at Ballarat Community Health for treatment are generally presenting when there has been some sort of crisis, so a mental health problem, family dysfunction, and the other comment that was made was that there has been some sort of change in the group of clients that are presenting, the particular characteristics of the clients presenting, and that some of the people currently using ice may be quite naive about the culture that they find themselves within and may not have the knowledge of harm minimisation in order to keep themselves safe.

One of the consequences that we are seeing in our service is really huge family breakdown. There are significant health impacts and I imagine that other people have already spoken about those: malnutrition; dental problems; weight loss. Skin lesions were referred to just before.

Ms RYAN — The other thing there is that heightened sexual activity can lead to more STDs. That is another concern that we have.

Ms REEVES — In terms of the profile of clients, parents of young people are very concerned. We are actually seeing lots more parents approaching the service for information, advice and support, where they have been really concerned about young people. We do note that the majority of ice users still generally have a history of perhaps early trauma or problematic life experience. We have seen some incidence of IV heroin users switching to ice, and often that is to do with the ease of availability.

In terms of polydrug use, there have been some incidents reported to us by the Aboriginal Co-op of polydrug use creating a significant problem. We have not seen the GHB use that has been reported along with ice—reported in metropolitan areas.

In terms of treatment, I think Stuart referred before to the difficulties that have been experienced. In our view, often the treatments available, particularly for detox and rehabilitation services, are not set up to deal adequately with the needs of people who have been using ice. A one-week detox period is not going to be sufficient physiologically. What that means is that, as generally shorter term detoxification services are offered, because we would be needing to ask for at least a minimum of two weeks, it is much harder to get people into a bed, and by the time something becomes available, they may well have relapsed or disengaged from services.

In terms of interventions and support, there were a number of things. I am not going through all the dot points, because we have given them to you in writing, but there are some things that we believe could be put in place to improve the outcomes for people living in rural Victoria. Currently there are no detox facilities apart from some youth detox throughout the entire Grampians region and the same thing applies for rehabilitation services, so we have staff spending a great deal of time transporting people around the state, but if people are forced to leave their family support, the opportunities for them to access treatment and to access that support that they need is really quite remote, particularly if they are employed and they need to be maintaining their employment.

We need improved and clear treatment guidelines. There has been evidence of GPs treating people who have been ice users with antipsychotic drugs, looking at the symptoms presenting, which is quite inappropriate. Probably more responsible reporting would be helpful and we need to spend a lot of time in better education about the risks and about the services and supports available to assist people if they do get into trouble.

The capacity for appropriate community based intervention is currently quite limited and the services around alcohol and drug treatment in the state are quite limited at the moment, so there are often waiting lists, and we certainly need to look at how we can address those issues, and an attention to the social determinants of health. What are the reasons that people are predisposed to ending up as ice or other drug users? Trauma in early life and the impact of that on the opportunities to develop are obviously important. Keeping young people engaged in education is also critical. That is a really brief summary of what we have presented in those notes for you.

The CHAIR — Claire, do you wish to make any comment?

Ms RYAN — No. Happy to answer any questions, though.

Mr SCHEFFER — Thanks for your presentation and for the documents you have provided. I was interested in the very first dot point when you say, yes, the incidence of the use of crystal methamphetamine is more prevalent. Could you talk to us for a bit about how you keep records on this? How do you know that? I am asking that in the context of, on the one hand, if you were to believe the media you would think that there was an epidemic in the community, whereas when we hear a lot of the evidence it is telling us there has been a steep percentage increase over a period of time from a low numerical base.

Ms REEVES — Yes.

Mr SCHEFFER — But clearly causing very major issues for the people involved.

Ms RYAN — Yes.

Mr SCHEFFER — I think that is the kind of spread. What I am interested to know is how do you keep records? How do you know what you are talking about?

Ms REEVES — Clearly, we keep records of all referrals to our agency and we also keep detailed clinical notes, so we are able to look at those and produce data around that. We also have data—and we were talking about it on the way down here—regarding our Needle and Syringe Program. The Needle and Syringe Program has historically given out around 90,000 syringes a year, and that has been over a number of years. In the previous 12 months it was 280,000. That is a significant increase. We get about a 90 per cent return rate. That is irrelevant, but yes, we do have evidence, and our staff are the people who are obviously meeting with clients on a day to day basis and have provided most of the information that is in here from their direct experience with clients.

Ms RYAN — We do notice, though, that most of the people who are contacting us about treatment are smoking ice rather than injecting, so while we are seeing an increase in the NSP in terms of injecting equipment, it is not those clients that are coming in for treatment.

Mr SCHEFFER — So could you tell us over the last couple of years how many people you are seeing where you would say that ice was the primary issue?

Ms RYAN — I would have to get that data for you and forward it to you.

Mr SCHEFFER — Would it be in tens or would it be in hundreds?

Ms RYAN — Probably around 100.

Mr SCHEFFER — Over a 12-month period?

Ms RYAN — Twelve months. Maybe more. I would have to get that data for you.

Mr SCHEFFER — We would appreciate that information, thank you.

Mr CARROLL — Thanks, Claire and Robyn, for your presentation. Just getting back to the treatment side of things, you mentioned that Ballarat does not have, in the Grampians region, properly dedicated detox facilities. Being a community health organisation, there is this nexus with the youth. Do you actually take them out of the community and put them in a facility where they are away from the peers that often can be their problem, where they have got into the wrong crowd and into drugs, or do you try and rehabilitate them where they are, still in the family home, still with their network of support? If you are going to try and help someone, they are 16, they are in the wrong circle of friends but they are their best friends and they are all taking the drug ice, what would you do in that situation ideally? Would you put them in a long-term Odyssey House type facility or would you try and talk to them where they have still got their network of friends and try and get them to see there is a better way forward?

Ms RYAN — That is a bit of a tricky issue, isn't it, because if you take them out of their community for that sort of treatment and support, when they do come back, they have not developed new networks of friends and so forth that are out of that old group and they are disconnected from a peer network, so they are probably at risk again. On the other hand, there is a good argument to suggest that it could also be beneficial to be working with them in the community, with a group of like minded people who are working towards their own recovery. I think it probably needs to be something where you work with people and determine on an individual basis what is going to work for them.

Ms REEVES — Partly that will depend on their family situation as well with young people. If they are in a supportive family that has the resources, the willingness and the capacity to support that young person, then it may be that the strength of their situation means that is the best

outcome. On the other hand, if they are in an abusive family situation or a dysfunctional family, then remaining there may only add to the problem. So it is an individual decision.

Mr CARROLL — In the Ballarat region I do not know what the youth unemployment rate is.

Ms REEVES — It is higher than the state average.

Mr CARROLL — Does that have an impact for young people, particularly maybe males, taking recreational drugs and getting onto the habit of ice?

Ms RYAN — There was a report released in the last few days that showed that young women in rural areas in particular are at greater risk due to issues around trauma, violence, lack of employment—a whole range of issues—so, yes, I think that there is certainly, as I said, evidence. That has just come out in the last day or so, but I suspect to some degree it also applies to young men.

Mr CARROLL — Yes, okay.

Ms REEVES — School retention rates in the Grampians region are actually amongst the worst in the state, I think, and obviously that is correlated with poorer levels of health and with risk factors for young people.

The CHAIR — In your notes here there is reference to alcohol, which continues to be much more problematic. Past inquiries tell this committee that alcohol is still the overriding issue in relation to antisocial behaviour, domestic violence et cetera. We have yet to really come to grips with how to deal with that, and I invite you to perhaps make a comment. In this particular region I think there are more pubs per square inch than most other entertainment sectors in Ballarat, as there are in Bendigo, where we have just been. There has been some public discussion around hours of access and things like that.

Then I go to the other end, where I am thinking that for the recreational drug user specifically, the instant gratification—almost the boredom and restlessness of this generation Y and Z, and soon to become whatever—I am not sure if education, the early intervention in schools to try and at least expose them to the dangers of drugs like ice, is going to do it. It is a bit of a catch-22. Alcohol is one issue that seems to be connected to drug use anyway, and ice particularly. Whether ice is complementary to alcohol or the other way around, I am not sure. It has been a long term issue for other inquiries that have investigated alcohol as the main problem.

Ms REEVES — Overwhelmingly alcohol is a major problem in the Australian community and is far more significant than any of the other drugs we talk about. It is also unrecognised and I do not think there is any question about that being the case. There is good evidence to show that the more you increase the number of alcohol outlets, the higher the level of consumption in that community. So all of the things you are saying are supported by clear evidence. Young people are also inherently risk takers and that is part of the brain development. I think in the time of Socrates people worried about the young people of the day, so that is not something new. It is the impacts of the risks they may take that we need to be dealing with as a community because the last thing we want to see is young people who do not make it to adulthood or who lead really damaged lives as a result of poor decisions.

Education is not going to prevent some young people from trying recreational drugs or becoming addicted to them, but it certainly will go some way to help. If the peer group are well informed then at least they can also look out for each other in terms of observing a person who may be getting into trouble, and attempting to help them. We have had young people who have presented at our service because they have observed what has happened to their peers and have decided to seek help early on. So there is still benefit in that approach, even though it is not going to prevent the problems, but we certainly would do well to reduce alcohol intake.

The CHAIR — It is not so much the intake. The parallel I was trying to make was if you restrict the hours of access to establishments that create the environment for the young to get

together and, I assume, take up the recreational drugs that are part of their socialisation in an entertainment area or a pub or something else, and reduce the time they spend together socialising with alcohol, would that reduce some of the impact of ice and other drugs? I will put it plainly to you. Do you think there would be some merit in the committee discussing potentially reduced hours where the youth can have access to alcohol and socialisation? That is, instead of having establishments open until five in the morning, bring them back to one o'clock. I know there have been trials in other states.

Ms REEVES — The alcohol and other drug agencies, like VAADA, that have developed expertise in this area are recommending that reduced opening hours would be of benefit.

Ms RYAN — There has been a reduction in opening hours in Ballarat in terms of people's access over the weekends, and that has made a difference, so I concur with what Robyn has to say.

The CHAIR — Thank you, Claire, and thank you, Robyn, very much for your time this afternoon and your contribution to this inquiry. We will adjourn the meeting for 10 minutes.

Witnesses withdrew.

Hearing suspended.